MERCY RESIDENTIAL & REHABILITATION CENTER

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2727 WEST MITCHELL STREET

MI LWAUKEE 53215 Ownership: Corporati on Phone: (414) 383-3699 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Yes Number of Beds Set Up and Staffed (12/31/01): 60 Title 18 (Medicare) Certified? Total Licensed Bed Capacity (12/31/01): 60 Title 19 (Medicaid) Certified? Yes Average Daily Census: 58 Number of Residents on 12/31/01: 57

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	%   	Less Than 1 Year 1 - 4 Years	52. 6 40. 4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	14.0	More Than 4 Years	7. 0
Day Services	No	Mental Illness (Org./Psy)	29. 8	65 - 74	5. 3		
Respite Care	Yes	Mental Illness (Other)	10. 5	75 - 84	50.9		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	1. 8	85 - 94	29. 8	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	1.8	95 & 0ver	0.0	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	10. 5	ĺ	[	Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	3. 5		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	12. 3	65 & 0ver	86. 0		
Transportation	No	Cerebrovascul ar	19. 3			RNs	9.8
Referral Service	No	Di abetes	0. 0	Sex	%	LPNs	4. 6
Other Services	Yes	Respi ratory	3. 5		j	Nursi ng Assi stants,	
Provi de Day Programming for		Other Medical Conditions	7. 0	Male	43. 9	Ai des, & Orderlies	29. 9
Mentally Ill	No			Female	56. 1		
Provi de Day Programming for			100.0		j		
Developmentally Disabled	No				100. 0		
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## Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther		]	Pri vate Pay	;		Family Care		]	Managed Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	1	2. 9	121	1	33. 3	151	0	0. 0	0	0	0. 0	0	1	25. 0	417	3	5. 3
Skilled Care	10	100.0	366	31	91. 2	103	2	66. 7	151	4	100.0	153	1	<b>50</b> . <b>0</b>	103	3	<b>75.</b> 0	280	51	89. 5
Intermedi ate				2	5. 9	86	0	0.0	0	0	0.0	0	1	<b>50</b> . <b>0</b>	86	0	0.0	0	3	5. 3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0		34	100.0		3	100. 0		4	100.0		2	100. 0		4	100.0		57	100. 0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi t	ions, Services,	, and Activities as of	12/31/01
Deaths During Reporting Period		`					
		ľ			% Needi ng		Total
Percent Admissions from:		Activities of	%	As	si stance of	% Totally	Number of
Private Home/No Home Health	1. 5	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	2. 3	Bathi ng	3. 5		<b>56</b> . 1	40. 4	57
Other Nursing Homes	4.6	Dressi ng	14. 0		36. 8	49. 1	57
Acute Care Hospitals	<b>87.</b> 0	Transferring	10. 5		49. 1	40. 4	57
Psych. HospMR/DD Facilities	0.8	Toilet Use	10. 5		57. 9	31. 6	57
Rehabilitation Hospitals	3.8	Eating	42. 1		40. 4	17. 5	57
Other Locations	0.0	*********	******	*****	******	*******	******
Total Number of Admissions	131	Continence		%	Special Treat		%
Percent Discharges To:		Indwelling Or External		12. 3	Recei vi ng I	Respi ratory Care	14. 0
Private Home/No Home Health	3. 1	0cc/Freq. Incontinent	of Bladder	33. 3	Recei vi ng 🛚	Tracheostomy Care	1.8
Private Home/With Home Health	47. 7	0cc/Freq. Incontinent	of Bowel	21. 1	Recei vi ng S		3. 5
Other Nursing Homes	3. 1					Ostomy Care	21. 1
Acute Care Hospitals	<b>18.</b> 0	Mobility				Гube Feedi ng	8. 8
Psych. HospMR/DD Facilities	0.8	Physically Restrained		1.8	Recei vi ng 1	Mechanically Altered Di	iets 36.8
Rehabilitation Hospitals	1. 6						
Other Locations	3. 9	Skin Care			Other Reside	nt Characteristics	
Deaths	21. 9	With Pressure Sores		<b>14.</b> 0		ce Directives	94. 7
Total Number of Discharges		With Rashes		3. 5	Medi cati ons		
(Including Deaths)	128				Recei vi ng  l	Psychoactive Drugs	80. 7

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

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	Thi s	This Proprietary			- 99		lled	Al	l
	Facility	Facility Peer Group			Group		Group	Faci l	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Rati o
Occupancy Rate: Average Daily Census/Licensed Beds	96. 7	77. 1	1. 25	86. 3	1. 12	82. 7	1. 17	84. 6	1. 14
Current Residents from In-County	93. 0	82. 7	1. 12	89. 4	1. 04	85. 3	1. 09	77. 0	1. 21
Admissions from In-County, Still Residing	22. 9	19. 1	1. 20	19. 7	1. 16	21. 2	1. 08	20. 8	1. 10
Admissions/Average Daily Census	225. 9	173. 2	1. 30	180. 6	1. 25	148. 4	1. 52	128. 9	1. 75
Discharges/Average Daily Census	220. 7	173.8	1. 27	184. 0	1. 20	150. 4	1. 47	130. 0	1. 70
Discharges To Private Residence/Average Daily Census	112. 1	71.5	1. 57	80. 3	1.40	<b>58.</b> 0	1. 93	<b>52.</b> 8	2. 12
Residents Receiving Skilled Care	94. 7	92.8	1. 02	95. 1	1.00	91. 7	1.03	<b>85</b> . 3	1. 11
Residents Aged 65 and Older	86. 0	86. 6	0. 99	90. 6	0. 95	91. 6	0. 94	87. 5	0. 98
Title 19 (Medicaid) Funded Residents	<b>59. 6</b>	71. 1	0.84	51.8	1. 15	64. 4	0. 93	68. 7	0. 87
Private Pay Funded Residents	7. 0	13. 9	0. 51	32.8	0. 21	23. 8	0. 29	22. 0	0. 32
Developmentally Disabled Residents	0. 0	1. 3	0.00	1. 3	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Residents	40. 4	32. 5	1. 24	32. 1	1. 26	32. 2	1. 25	33. 8	1. 19
General Medical Service Residents	7. 0	20. 2	0. 35	22.8	0. 31	23. 2	0.30	19. 4	0. 36
Impaired ADL (Mean)	60. 4	<b>52.</b> 6	1. 15	<b>50. 0</b>	1. 21	51. 3	1. 18	49. 3	1. 22
Psychological Problems	80. 7	48. 8	1.66	55. 2	1.46	50. 5	1.60	51. 9	1. 56
Nursing Care Required (Mean)	12. 9	7. 3	1. 76	7.8	1. 66	7. 2	1. 79	7. 3	1. 76